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MULTIPLE-COPY PRESCRIPTION PROGRAMS

Prescription drug abuse is more than a law enforcement or public health problem. The numerous legal and illegal means by which abused prescription drugs are obtained make the control of this drug problem difficult. One particular program currently in use in several other states that has effectively addressed this issue is the Multiple-Copy Prescription Program (MCPP) which is unique in the fact that it addresses the problem on a number of different levels: enforcement, prevention and education.

Currently seven states in the nation, (California, Hawaii, Idaho, Illinois, New York, Rhode Island and Texas) have implemented some form of a multiple-copy prescription control system. DEA officials indicate that other states as well are exploring the possibility of an MCPP.

DEA has issued a policy statement in which it supports the use of a Multiple-Copy Prescription Program, stating, "Multiple-copy prescription control systems have distinct advantages over other information systems because they interface with the physician and other practitioners and put in place a closed distribution system at the retail level."

Although various states have approached the prescription monitoring system in a variety of ways, these differences are minor and do not appear to affect results. Basically, there are two types of systems, duplicate and triplicate prescriptions.

Under any MCPP, the state government issues to licensed practitioners special prescription blanks to be used for prescribing Schedule II controlled substances. Five out of the seven MCPP states currently charge practitioners for the forms to partially offset the cost of the program. The blank forms contain an encoded serial number, which can be particularly useful for keeping track of stolen prescription forms. They are delivered to practitioners, via registered mail, who are accountable for them.

When prescribing controlled drugs, the practitioner retains a copy for his/her records (states with duplicates systems eliminate the practitioners' copy). The patient presents the original and the first copy to the pharmacist for dispensing. The pharmacist then dispenses the prescription medication and retains the original prescription.

Once a month, the duplicates or second copies of the prescriptions are forwarded by pharmacists to the state regulatory agency responsible for administering the Multiple-Copy Prescription Program, for review. Information from each of these prescriptions forms is fed into computers producing a complete record of all Schedule II prescriptions that have been written. This data is reviewed with the intent of isolating particular practitioners who may be prescribing Schedule II drugs indiscriminately or excessively to particular patients, forged or stolen prescriptions, pharmacies which are ordering a disproportionately high amount of Schedule II drugs, or identifying individuals who are obtaining a particularly high volume of drugs or similar drugs from several practitioners concurrently. When a practitioner requires additional forms, he/she mails a reorder to the state agency.

With the exception of Hawaii, all of the MCPP systems currently in place are mandatory. (Hawaiian officials are currently proposing legislation that would require the MCPP to be mandatory), and virtually all of the states place responsibility for the program under the Department of Public Health (the program in Texas is operated under the direction of the Department of Public Safety).

Whichever state agency is responsible for collecting the data and implementing the program, the results in MCPP states are virtually identical. There are few, if any, programs in the area of drug abuse which have provided such dramatic and consistent results. Those states which have implemented Multiple-Copy Prescription Programs have experienced within the first few years of operation as much as a 55% reduction in the volume of Schedule II controlled drugs prescribed in those states, with continuing reductions in subsequent years. In large part, this reduction is attributable to prevention through curtailment if diversion in the form of indiscriminate prescribing and prescription forgery.

Advantages of the Multiple-Copy Prescription Program include the following:

1. MCPP completes the information gap for Schedule II controlled substances down to the ultimate user and practitioner, rather than only to the retail purchase level as Federal reporting systems currently do.

2. MCPP collects information to identify, for law enforcement and regulatory purposes, potential controlled substance diversion by practitioners and pharmacists, drug abuses, "doctor shoppers" and prescription forgers.

3. MCPP acts as a deterrent to indiscriminate prescribing and dispensing.

4. MCPP reduces the abuse and misuse of Schedule II substances, without hindering access to legitimate medication by legitimate patients.

5. MCPP acts as a deterrent to prescription forgery and fraudulent organized prescription rings which have become more commonplace in recent years.

States which do have a Multiple-Copy Prescription Program have reported that forgers of prescription forms have had great difficulty attempting to reproduce the forms and the forgery rate for Schedule II drugs is minuscule. In fact, law enforcement officials from states where an MCPP is in place also report that the "black market" value of stolen prescription forms has increased significantly, from $5 per copy to as much as $100 since implementation. Other findings include:

* In Texas, following implementation of its multiple-copy system in 1982, Schedule II prescriptions decreased by 52.6% from 1,854,827 in 1981 to 879,010 in 1982 with subsequent declines in 1983 and 1984 of 60% to 741,761 over three years.

* In Rhode Island, which implemented its system in 1979, Schedule II prescriptions decreased by 36.6% from 1978 to 1979, from 120,368 to 76,786, and dropped a total of 53.8% during the period from 1978 to 1984.

* New York experienced a decrease of 56% in Schedule II prescriptions written from 1978 to 1984.

* Reports from several states indicate that only 21% to 35% of the authorized practitioners actually prescribe Schedule II drugs or even order MCPP blanks. For example, a 1982 California study showed only 21% (18,000) of the 90,000 authorized practitioners even wrote prescriptions for Schedule II drugs.

Currently, although only seven states have MCPP programs, they cover 34.1% of all medical practitioners nationally--that is as of July 1986, there were a total of 720,255 DEA practitioners registered nationally, 243,278 of which are registered in MCPP states. Significantly, none of these states have reported any significant complaints from patients or practitioners claiming interference with legitimate prescribing decisions or an inability to obtain medication as a result of Multiple-Copy Prescription Programs.